

7

BEFORE THE

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE

OF THE

HOUSE OF REPRESENTATIVES

IN THE MATTER OF

ESTABLISHING A BUREAU OF PUBLIC HEALTH IN THE
DEPARTMENT OF THE INTERIOR.

ADDRESS, BY REQUEST, OF THE
SUPERVISING SURGEON-GENERAL,
U. S. MARINE-HOSPITAL SERVICE,
MAY 18, 1894.

WASHINGTON:
GOVERNMENT PRINTING OFFICE.
1894.

ADDRESS OF DR. WALTER WYMAN, SUPERVISING SURGEON-GENERAL, U. S. MARINE HOSPITAL SERVICE, MAY 18, 1894.

IN RE A PROPOSED BILL TO ESTABLISH A BUREAU OF PUBLIC HEALTH IN THE DEPARTMENT OF THE INTERIOR, ETC.

Mr. CHAIRMAN AND GENTLEMEN OF THE COMMITTEE: On March 28 you listened to a number of gentlemen distinguished in various specialties of medical science, who endeavored to make plain to you the great desire of the medical profession of the United States for some legislative action looking to the prevention of the introduction of epidemic or contagious diseases into the United States, the suppression of contagious diseases within our borders, the diffusion of sanitary knowledge, the collection and utilization of mortuary and vital statistics, and encouragement of State and local health organizations. They presented a bill for consideration, through the operations of which they hope that this desire of the medical profession may be gratified.

I will in a few moments refer again and more specifically to the declared objects of this bill, and with regard to the same will at the present moment only say that I am in hearty sympathy with the desires and sentiments of these gentlemen which were so intelligently placed before you. These very matters have formed the chief subject of my professional thoughts for a number of years, and I have long been a student of the problems which they involve, seeking a definite solution.

But I will come at once to the bill which they have presented as their solution of these problems, and I propose now to critically examine it with a view to determining whether it is a wise and practical measure.

In the discussion March 28 the Academy committee seemed desirous of making it appear that the quarantine portion of the bill was not its greater portion, that the chief objects of the bill were outside of quarantine matters and related to the establishment of some central bureau of advice and information upon the general subjects just mentioned. Yet, as pointed out to them at the time by one of your number, nearly the whole bill relates to quarantine; in other words, twenty sections out of the total twenty-three refer to quarantine matters, the remaining three (18, 20, and 21) relating to reports to Congress, mail matter, postage, appointments and salaries of officers, and estimates of expenses. There was no suggestion that the enforcement of quarantine rules and regulations should be taken from the Marine-Hospital Service, which for so many years has been charged with this work, but the bill contemplates that the making of these rules and regulations shall be transferred to the new bureau of public health and the commissioner thereof.

And when it was suggested that this was encroaching upon the administrative functions of the Marine-Hospital Service and that it might be better to leave the making of the quarantine rules and regulations as now provided for, the gentlemen of the Academy committee insisted that, inasmuch as quarantine rules and regulations are based upon scientific knowledge, it would not be compatible with the dignity and importance of this proposed new bureau to deprive it of this function.

As is known to you, under the present law the surgeon-general of the Marine-Hospital Service is charged with all the duties pertaining to quarantine and quarantine regulations which are provided for in the act of February 15, 1893. The regulations must be approved and promulgated by the Secretary of the Treasury. To aid me in preparing these regulations I called a board of medical officers of the Marine-Hospital Service. This board consisted of an ex-surgeon-general of the Marine-Hospital Service; a surgeon of the Service who had had charge for a long period of the quarantine division in the Bureau; a surgeon who had had practical experience in charge of quarantine stations, both in the North and in the South; another who was in charge of the medical department of the Immigration Service at the port of New York, giving him an insight into the character and the necessary precautions to be taken with regard to immigrants; and still another, who was a skilled bacteriologist, a specialist in biological diagnosis, and in charge of the scientific laboratory of the service. These gentlemen, with suggestions from myself, framed the rules and regulations to be observed with regard to vessels, passengers, and cargo in foreign ports and on the voyage.

For the quarantine rules to be observed at ports of the United States a similar board was called together. All the State and local regulations had been previously examined, and you will remember that the law requires that if any such are found insufficient the Secretary of the Treasury shall make additional ones. It was evident that there were some which were deficient, and a minimum standard was therefore determined upon, namely, a code of rules which should be required at every quarantine station in the United States. A uniform quarantine code for the maritime ports of the United States had long been the desire of quarantine and sanitary officers; for years it had been their chief complaint that no uniformity existed, and heretofore all efforts to this end, through conventions and otherwise, were futile. For the first time in the history of the United States such a code was prepared, adopted, and promulgated last season under the law of February 15, 1893.

After these rules and regulations for domestic quarantine had been prepared by the board I have just mentioned, and before the adjournment of this board, a conference was called by myself of the quarantine officers of the Atlantic and gulf coasts, representing the cities and ports of Portland, Boston, Providence, New Haven, New York, New Jersey, Philadelphia, Wilmington, Del., Baltimore, Norfolk, Wilmington, N. C., Charleston, Savannah, Florida, Mobile, New Orleans, and Texas.

This conference was called to order March 16, and remained in session two days, the first day being devoted to a consideration of the rules which had been prepared, and discussion thereof, with the understanding that there would be no vote. The second day the rules were again read seriatim, discussed, and voted upon. After adjournment of the conference the board continued its labors, paying special attention to the views expressed in the conference. The rules thus perfected

were then presented by myself to the Secretary of the Treasury, were promulgated by the latter April 4, and a letter inclosing them was sent to each maritime quarantine officer, calling attention to the law and to the fact that these were minimum requirements, and requesting an expression of willingness and ability to execute them, to which satisfactory responses were received.

Now, for the enforcement of these rules for domestic quarantines, the following additional regulation was promulgated by the Secretary of the Treasury, after its legality had been affirmed by the Attorney-General of the United States. The regulation and the instructions in accordance therewith have been issued in the following form:

INSTRUCTIONS TO MEDICAL OFFICERS OF THE MARINE-HOSPITAL SERVICE DETAILED TO MAKE INSPECTIONS OF STATE AND LOCAL QUARANTINES.

TREASURY REGULATION.

* * * * *

In the performance of the duties imposed upon him by the act of February 15, 1893, the Supervising Surgeon-General of the Marine-Hospital Service shall, from time to time, personally or through a duly detailed officer of the Marine-Hospital Service, inspect the maritime quarantines of the United States, State and local, as well as national, for the purpose of ascertaining whether the quarantine regulations prescribed by the Secretary of the Treasury have been or are being complied with. The Supervising Surgeon-General, or the officer detailed by him as inspector, shall at his discretion visit any incoming vessel, or any vessel detained in quarantine, and all portions of the quarantine establishment for the above-named purpose and with a view to certifying, if need be, that the regulations have been or are being enforced.

J. G. CARLISLE,
Secretary.

GENERAL INSTRUCTIONS.

A. Your inspections will include all ports within your district where vessels are allowed to enter and discharge cargo, and ports which may be used as ports of call.

B. A separate report will be made of each station visited.

C. Visit every part of the quarantine establishment, and take necessary precautions to prevent the conveyance of contagious or infectious disease through the medium of your own person.

D. Visit the custom-house for the purpose of ascertaining whether the regulations with regard to bills of health and quarantine certificates are being observed; also the immigration station for any pertinent information.

E. Reports of a statistical character and descriptive of the quarantine, called for herein, need be made but once in every six months, namely, on the date nearest the 1st of January and the date nearest the 1st of July; but any changes that have been made since the last general report should be immediately recorded.

In making your report you will follow the special instructions in their order, referring to each by number.

SPECIAL INSTRUCTIONS.

1. Describe the quarantine station, location, buildings, anchorages, etc. Give limits of anchorage for noninfected and for infected vessels; facilities for inspection of vessels; apparatus for disinfection of vessels and of baggage; facilities for removal and treatment of the sick, and for the removal and detention of suspects; mail and telegraph facilities, etc.

2. Give personnel of the station or port; name of the quarantine officer or officers; post-office address; total number of officers and subordinates, etc.

3. Transmit copies of the laws under which the local quarantine is maintained, and copies of the quarantine regulations; and describe the quarantine customs of the port as they are carried out.

NOTE.—There are sometimes slight, but possibly important, variations from the letter of the local regulations in the administration of quarantine. Also local regulations generally allow a wide latitude to the quarantine officers, and how this latitude is used, i. e., how the quarantine officer interprets the spirit of the regulations, is very important.

4. State what quarantine procedures, either under printed regulations or by custom, are enforced at the port, in addition to the requirements of the Treasury Department.

It should also be stated whether there is undue or unnecessary detention or disinfection of vessels.

5. State whether the inspection is maintained throughout the year or for what period, and what *treatment* of vessels is enforced during the entire year.

NOTE.—Many ports on the South Atlantic coast (e. g., Charleston, Savannah, and Fernandina) require certain ballasts to be discharged in quarantine without regard to season.

6. Are vessels from other United States ports inspected?

7. Describe quarantine procedures in the inspection of vessels, and, if infected, the treatment. Give time in quarantine (*a*) between arrival and commencement of disinfection, (*b*) time occupied by disinfection, and (*c*) time after completion of disinfection of vessels until discharge.

NOTE.—Quick or slow handling of a vessel is of more importance commercially than the question of fees. The time lost is the vessel's heaviest expense, generally.

8. What communication is held with vessels in quarantine (and before quarantine by pilots, etc.) and how regulated? Is there any intercommunication allowed among vessels in quarantine?

9. State what will be done with a vessel infected with cholera; second, a vessel infected with yellow fever; third, a vessel infected with smallpox (said vessel carrying or not carrying immigrants), and what conditions are regarded as giving evidence of the vessel's infection in each case.

10. State whether records are kept at the station of the cases of disease that have occurred during the voyage, on arrival, and during detention.

11. Transmit schedule of quarantine fees, and give other fees and expenses necessarily and usually attendant on quarantine, as tonnage, ballast, wharfage charges, etc.

12. Make a statement showing the number of vessels arriving at the port during the preceding calendar year, by months—(*a*) from foreign ports; (*b*) from foreign ports in yellow fever latitudes via domestic ports; (*c*) from domestic ports. Show also the character of the commerce carried on by the port, i. e., from what countries chiefly the vessels come, and whether in cargo, ballast, or empty.

13. State results of your visit to (*a*) the custom-house; (*b*) the immigration bureau.

14. State whether in your opinion the quarantine facilities are sufficient to care for the shipping entering the port.

15. Name the quarantine regulations of the Treasury Department which are not properly enforced, and state specifically whether the regulations regarding inspection and disinfection, and particularly the period of observation after disinfection, of vessels are observed.

16. Mention any facts which in your opinion should be known to the Department, bearing directly or indirectly upon the quarantine service, and make such recommendations as seem proper.

WALTER WYMAN,
Supervising Surgeon-General, Marine-Hospital Service.

NOTE.—Report to be written on legal cap paper (on one side only), signed, and inclosed in this blank as a cover.

In conformity with this regulation and the printed instructions, all the quarantines of the United States from Maine to the State of Washington are subject to periodical inspection under the supervision of the Marine-Hospital Bureau. In accordance with this regulation, also, an inspection was maintained at the New York quarantine the greater part of last season, both to render such aid as might be given and to insist upon the enforcement of the Treasury regulations.

I submit that this method, above described, of making quarantine regulations, prepared, as they were, by men of scientific attainments, familiar with actual working details at quarantine stations, familiar with all matters pertaining to immigrants, and, too, with the complicated machinery of Governmental methods and associated services in Washington, that this method is superior to that suggested in the proposed bill, namely, by a commissioner of public health in the Interior Department, with an advisory council of forty-four members (one from each State of the Union), unacquainted with one another, and unfamiliar with Governmental methods and existing branches of the Exec-

utive Departments. Or, if the advisory council is not to assist in making these regulations, which seems a matter of doubt under the terms of this proposed law, then I submit that the method so successfully adopted is a more practical way of framing regulations than to entrust them to one man alone, namely, the commissioner of health, an officer of the Interior Department, to be executed by the Secretary of the Treasury or the President.

There are no more experienced men in both the theoretical and practical workings of quarantine than are to be found in the medical corps of the Marine-Hospital Service. There are scientific investigations being constantly made in the laboratory of the Service, which is as well supplied with every modern apparatus or instrument as perhaps any laboratory in the United States. These investigations relate principally to the cause, nature, life history, and prevention of epidemic diseases; and it may be added that instruction is given in this laboratory both to the officers of the Service and to local quarantine officers in biological diagnosis of contagious diseases.

In framing regulations, the Marine-Hospital Bureau, besides its own scientific and practical officers, has the assistance of the law officer of the Treasury Department, detailed from the Department of Justice, and the benefit of the counsel and advice of the heads of the several divisions in the Treasury Department conversant with all the executive and legal details which might require consideration, and finally, of the Assistant Secretary and the Secretary of the Treasury himself. It is difficult to conceive of any question connected with quarantine regulations which can not be decided properly and promptly by the Marine-Hospital Service and the Treasury Department to which it belongs.

Now, hand in hand with the making of quarantine rules goes their execution. I contend that they can be best executed when emanating from the same body or service that is charged with their practical application. In the proposed scheme of having one Department make the rules and another execute them, I can readily see the possibilities of clash, the shifting of responsibility from one to the other, and crimination and recrimination after the resultant disaster.

Moreover, speaking for the Marine-Hospital Service, to have an outsider make the rules and command us to enforce them would deprive the corps of its *esprit*, than which nothing is more essential for effective service. It is this *esprit du corps* that has gained for the Service its successes in the past.

I will not here dwell upon, but simply refer to, the alacrity with which the members of this corps have sprung to their posts of danger when ordered, submitting themselves to all kinds of exposure and privations in their efforts to speedily check the spread of epidemic disease, and facing a death which has come to a number of its officers.

The proposed law would make the Marine-Hospital Corps simply a hewer of wood and a drawer of water, with all the responsibility—the terribly responsibility—of a successful enforcement; while the commissioner of public health in the Interior Department might simply from his office declare what should be done, leaving further responsibility to the Marine-Hospital Bureau and its officers. Such a status would inevitably destroy the enthusiasm of our officers, an enthusiasm which is felt, not only for the character of the work they are doing, but for the peculiar service which they themselves by their own efforts have made illustrious, and in which they feel a peculiar pride.

There is another consideration which shows that the proposed arrangement is impracticable. Certain difficulties might suddenly arise with

regard to the enforcement of quarantine regulations, which might require prompt amendment or additions thereto, and for the executive force to then be obliged to await the decision of an officer in another department would cause delay that might be fatal. For example, as matters now stand, if the Surgeon-General is informed that certain quarantine regulations are insufficient, and a new regulation is immediately necessary, he may prepare the same without waiting to explain its necessity and convince the commissioner of public health thereof. Every epidemic is apt to produce new conditions and to demand some variation in suppressive measures, and during the past season instances of this kind actually occurred.

Finally, I have to state that the quarantine season is now upon us. Amended rules and regulations have been prepared and are before you. Cholera has been reported in Belgium, Portugal, and France. The return of it is expected in Italy and Germany. It has been in Russia and Constantinople all winter, in Tripoli and other places. To disturb the present efficient organization at any time is unnecessary, and to adopt new procedures now would likely be hazardous.

It is now necessary to consider this matter from a departmental and more general standpoint. The bill proposes to establish in the Department of the Interior, and under the direction and supervision of the Secretary thereof, a national bureau of public health, which, with its commissioner and, possibly, its advisory council, is to make rules and regulations for maritime quarantine.

Now, maritime quarantine, as its name implies, relates to commerce, to vessels and crews, and has intimate relations with the shipping laws, the customs service, immigrant inspection, etc., all of which are regulated by the Treasury Department. What propriety there could be in the Department of the Interior having charge of quarantine with these surrounding conditions it is difficult to conceive. This bill would impose upon the Secretary of the Interior an entirely new kind of work, and would make his Department lap over or extend into the Treasury Department. In his efforts to carry out this law the Secretary of the Interior would find himself surrounded on all sides by the various branches of the Treasury Department, into whose jurisdiction he would be constantly intruding. A vessel arrives at quarantine; the customs inspectors are interested in that vessel as well as the quarantine officers. The Revenue-Cutter Service may be interested in that vessel for violating the navigation laws. The Immigration Service is very much interested because it carries immigrants, and so is the Bureau of Navigation, which looks after the fines and penalties.

The Inspection Service of Steam Vessels looks to the personnel of the pilots, and, if the vessel is of American registry, has supervision of the boilers, air space, ventilation, etc., and the Marine-Hospital Service cares for the sick and disabled among the crew. Now, these are all Treasury bureaus or divisions, and it sometimes happens that in the exercise of their various functions, with regard to this vessel, the different bureaus of the Treasury Department may have some misunderstanding. Customs authorities have claimed right of precedence over quarantine authorities in boarding vessels. Immigrant inspectors have claimed the same. There are certain precautions to be taken by the customs inspectors when a vessel is in quarantine. How necessary, therefore, for all to be under one head. There would be unavoidable clash and maladministration, with two heads of large departments of the Government attempting to manage subtle affairs upon a big ocean vessel arriving at an American seaport.

The very terms of the bill show its incongruity, for while it calls for the establishment of this bureau within the Interior Department, under the direction and supervision thereof, in several sections of the bill (3, 9, and 10) the Secretary of the Treasury is directed to perform certain functions.

Moreover, section 17 provides that the commissioner of public health, without previous assent from the head of a Department, may request of the President a detail of officers from the several offices of the Government for temporary duty to act under the direction of said bureau to carry out the provisions of this act, thus giving the commissioner the power to strip any service of its active force or agents, despite other need for the same.

Coming now to the additional expenses incurred by the proposed establishment of this bureau, it will be seen (section 1) that there is to be a president with \$6,000 per annum, an advisory council of one from each State, who shall be entitled to actual traveling expenses and \$5 per diem for subsistence while engaged in the performance of their duties; and these duties are to consult with the commissioner of public health at the annual or at special meetings.

Section 20 provides for the appointment of 6 sanitary inspectors, at \$1,800 per annum, making \$10,800 per annum; a chief clerk, at \$1,800; 1 clerk of class 3, at \$1,600; 1 clerk of class 2, at \$1,400; and 6 clerks, at \$1,000 per annum; 1 messenger, at \$840; and 1 watchman, at \$720 per annum; making a total of \$30,560 per annum for salaries in this bureau.

I beg leave now to refer, as I stated that I should do at the beginning of my address, more specifically to the declared objects of the bill, irrespective of quarantine proper. These objects are practically the same as were mentioned in the first bill presented by the Academy committee, and to which the honorable the Secretary of the Treasury objected, and from whose letter to your chairman, of January 3, I quote as follows:

The bill does not establish a bureau of public health as that term is generally understood, or, if it does, then a bureau of public health already practically exists in the Marine-Hospital Service, which is now exercising every essential function that is provided for by this bill. By a bureau of public health is understood not only a quarantine organization, but the establishment of a central bureau having control over general sanitation of towns and villages, with power to demand systems of sewerage, methods of disposal of garbage, water supply; house draining and plumbing; ventilation of dwellings, schoolhouses, and other public buildings; the examination of the milk supply; examination of food and of drugs; proper disposal of the dead; the enforcement of rules regarding disinfection of dwelling after the ordinarily contagious diseases, such as scarlet fever, measles, and diphtheria, and other functions too numerous to mention, but all of which may be found set forth in the report of any State board of health or of the health department of any large city. It is the desire of some sanitarians that such a public-health bureau should be established, but at present all these functions are performed under State or local law, and the right, as well as the propriety, of the General Government undertaking so exclusive and minute a field of operation, it is believed, would not be seriously considered by Congress at the present time. Nor does the bill call for any such establishment, although its title would so indicate, and by reason of this title it may receive the indorsement of those who will not look carefully into its provisions.

Now, from a careful perusal of this new bill, and from the remarks made by the gentlemen on March 28, it appears that, quarantine aside, what is desired and hoped to be achieved through the instrumentality of the bill is as follows, namely:

Collection of information regarding prevalence of contagious and epidemic diseases in this and other countries.

Publication of information thus obtained in a weekly bulletin.

Collection and utilization of mortuary and vital statistics.

Uniformity of system in registration of births, marriages, and deaths.
 Suppression of contagious diseases within our own borders.
 Diffusion of sanitary knowledge.

Encouragement of State and local health organizations.

Investigation by experimental and other methods of the causes and means of prevention of disease.

Advice and information to be given to the several departments of the Government and executives and health authorities of the several States, on such questions as may be submitted by them.

It will be seen that, summarized, the above objects may be stated to be gaining and spreading of information and giving advice.

Now there are two considerations to be taken into account with regard to these desired objects: One is, how much can be done under the peculiar construction of our Government—in other words, under the Constitution of the United States; the other is, how much is being done by State governments and existing branches of the General Government.

In the addresses which were delivered before you on Wednesday the desires of sanitarians and of medical men were forcibly expressed, just as though all these desires might as well be gratified as not. But there are limitations to the exercise of health prerogatives by the National Government, and these limitations find their corresponding privileges in the rights and constitutions of the several States. It is impossible for us to be guided by precedents set by foreign governments, monarchical and even despotic in character. An attempt on the part of the National Government to interfere in domestic sanitation, to enforce laws regarding plumbing, drainage, light, heat, and ventilation of public buildings, the placarding of houses containing contagious disease, or imposing restraints upon the inhabitants thereof, would meet with violent and legally authorized opposition on the part of the citizens of the several States and municipalities. Nor does this bill contemplate such action on the part of the Government. While Congress may legislate to advance the interests of science, still the executive rights which the Government has in sanitary matters are derived chiefly from the clause of the Constitution giving Congress the power to regulate commerce; and in regulating commerce it has the right to strip it of its disease-bearing agencies. Moreover, even if the right of minute surveillance existed, no example worthy of imitation can be taken from any foreign government whose physical conditions so materially differ from our own.

As stated in an address which lies before you, even—

History furnishes no models for the construction of any sanitary institution adapted to the wants of this nation. Lyeurgus, with his Spartan laws, adapted to a small and peculiar province, the laws of Moses, the quarantine laws of the fifteenth century—none of these furnish a sanitary framework for the United States. What nation has such conditions of boundary and magnitude as our own? What can England, with its Government on a "tight little isle," and its possessions scattered over the earth, what can a nation with such physical conditions teach us? What can France, or Spain, each with a territory surpassed by a single one of the United States, teach us? Or Germany, with scarcely any seaboard at all? What conditions prevail in Russia, Italy, or Turkey, that prevail here?

We may adopt scientific appliances, we may study technique in foreign lands and observe the application of sanitary principles, but we must be a law entirely unto ourselves with regard to our sanitary policy.

We must study, too, our national organization, and work out a sanitary system in harmony with it—

Broadly stated, this sanitary policy expects of each State a sanitary autonomy whose influence should be appreciated by every individual in every hamlet, however

small, in its domain. It contemplates a State pride in the development of sanitation, a self-reliance and an unwillingness to surrender functions or call for aid from the General Government excepting after clearest convictions of propriety or necessity.

As we look to the State for the development of its own educational system, so must we look to the State for the education of its people in the establishment of sanitary surroundings, and in the matter of personal prophylaxis. In point of fact the growth of State and municipal health organizations within the last ten years has been remarkable. Of the 44 States, 38 have now State boards of health.

Before you are the annual health reports of several States—Massachusetts, Pennsylvania, New York, and New Jersey. These are but samples, but within their covers you will find laws, regulations, statistical information, the results of scientific investigation into the causes of disease, articles upon plumbing, sewerage, water supply, heat, the ventilation of school houses; in short, all the matters affecting the public health. Now, under the proposed bill of health, the National Government would only be *advisory* to these State boards. The bill does not specify the use of any executive force on the part of the General Government with regard to matters contained within these State health reports. Yet, as though to bring the United States into unfortunate contrast with England, one of the speakers on March 28 referred to the superior sanitary organization of the latter country and the great advances made through the agency of the local government board. This local government board, however, has more than advisory rights, and would never have achieved its success if its powers from the start had been limited to advice.

Much has recently been said regarding internal sanitation and internal quarantine, and the necessity of suppressing the ordinarily contagious diseases (diphtheria, typhoid fever, tuberculosis, etc.), irrespective of the great epidemic diseases, cholera, yellow fever, and small-pox; and in the bill under consideration it is provided (section 12):

That the commissioner of public health shall, under the direction of the Secretary of the Interior, cooperate with and aid State and municipal health authorities in the execution and enforcement of the rules and regulations of such authorities, and in the execution and enforcement of the rules and regulations made by the commissioner of public health and approved by the President of the United States, to prevent the introduction of contagious or infectious diseases into the United States from foreign countries, and into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia.

The above is presented as though it were a new provision of law, whereas a like provision already exists in section 3 of the act approved February 15, 1893.

Under this act regulations have been made, promulgated, and executed, under the direction of the Secretary of the Treasury, to prevent the spread of yellow fever from one State to another, and other regulations have been prepared to prevent the spread of other contagious or infectious diseases.

As to internal sanitation the proposed bill nowhere provides for it specifically.

Yet the need of internal sanitation has been dwelt upon as though the General Government could undertake it and as though this bill provided that it should.

There is one clause of the bill which, if passed, might be so construed as to give the proposed bureau local and even domiciliary supervision, namely, the clause in section 1 which states that "this bureau shall, in general, be the agent of the General Government in taking such action as will most effectually protect and promote the health of the

people of the United States." This clause, with a liberal interpretation, gives so wide, and at the same time so minute a power, that, as I am advised, it would prove not only repugnant to State authorities and conflict with State laws, but the functions which might be attempted under it would be unconstitutional. I quote, as stating in a general way the views I have heard expressed by a number of eminent men on this subject, some of them members of Congress, an editorial in the *New York Times* of August 2, 1893:

The sanitary condition of cities and towns, and the control of the influences which affect the health of the people are matters that come very distinctly within the police power of the States. Regulations and restrictions for the protection of the public health can be best established and administered by State and local authorities, and the nearer their administration comes to the people affected the better. The subject may be neglected in some States, or they may be slow in appreciating its importance and providing for the sanitary well-being of their people, but that fact does not impair their authority or transfer it elsewhere. They may be dilatory or negligent in many things that the National Government can not look after for them.

When it comes to dealing with contagious diseases brought from other countries the matter takes a different aspect. The enforcement of measures for preventing their introduction at our seaports or over our borders necessarily involves interference with foreign commerce. Vessels have to be detained, inspected, and disinfected, and passengers and merchandise have to be subject to regulations that concern the people and the interests of the country regardless of State lines. National jurisdiction has here an appropriate field and is alone adequate to its requirements. Quarantine regulations affecting communication with foreign countries should be national and national only. The same principle may apply in some degree to protection against the transmission of infectious diseases from one State to another through the agencies employed in interstate traffic, as interference with those agencies pertains to the regulation of commerce between the several States. But there is seldom any occasion for interference in the case of infections originating in this country.

There might be a useful function for a national board of health in the collection and diffusion of statistics and information relating to matters that concern the public health, and in consulting and advising with State and local authorities. But no power or jurisdiction could be exercised by such a board, by whatever name it might be called, over those authorities, and it could in no way deal practically with internal sanitation.

Coming now to the second matter for consideration, namely, how much is being done by existing branches of the Government service, for the purpose of saving time I would refer to the pamphlet before you, entitled "Government Aids to Public Health," which, however, does not contain an exhaustive statement.

Concerning the collection of information regarding the prevalence of contagious and epidemic diseases in this and other countries, and the publication of the information thus obtained in a weekly bulletin, you have before you a bound volume of such weekly bulletins for the year ending December 31, 1893. This volume, published by the Marine-Hospital Bureau, contains, first, domestic information, viz, abstracts of the reports of States and municipalities, special reports concerning contagious diseases, mortuary reports from the different cities of the United States, reports concerning immigration, and reports from the Department of Agriculture, showing the temperature and rainfall in the various cities from which mortality reports are received; second, foreign information, received through the State Department and from officers of the Marine-Hospital Service stationed abroad, relating to like subjects.

Concerning the experimental investigation into the causes of disease, I have to state that such experiments are going on constantly in the laboratory of the Marine-Hospital Service, and that special commissions, either under present laws or by special resolution of Con-

gress, may be appointed at any time for this purpose. I have here a volume prepared by Dr. Shakespeare, who was specially commissioned by the President to visit Europe and India and prepare a report upon the prevalence, history, and origin of cholera. His expenses were paid from the "epidemic fund," and without special legislation.

I will further state that, under the auspices of this Bureau, during the past year, a commission, consisting of Surgeon Irwin, of the Marine-Hospital Service, and Dr. Walter Kempster, an expert visited all portions of Europe, as well as Egypt and Palestine, in further investigation of the prevalence of cholera, its method of introduction into Europe, and the special sources of danger to the United States through the importation of merchandise from infected countries.

Passed Assistant Surgeon J. J. Kinyoun was detailed, in 1890, to visit Berlin and Paris for the purpose of investigating and familiarizing himself with the methods of the distinguished Profs. Koch and Pasteur.

Other experts have been employed by the Treasury Department and sent to points of danger, their expenses paid out of the "epidemic fund." The inspections made by them have embraced the cities of Central America and Mexico.

The annual reports of the Marine-Hospital Service contain numerous articles upon the cause, life history, and prevention of contagious diseases; and in further illustration of the scientific work of the Bureau, I would invite your attention to the report of the present House Committee on Ventilation and Acoustics, just published, containing the results of a scientific examination made by an expert officer of the Marine-Hospital Service, of the air of the House of Representatives for the detection of impurities therein deleterious to health.

There remains, therefore, of the avowed purposes of the bill to be mentioned only statistics regarding marriages, births, and deaths. The Census Bureau furnishes much of this information, though it is admitted, not as frequently as could be desired.

I by no means mention the above facts for the purpose of asserting that all is being done that is desired, but simply to show the committee what is being done, and that with some extension of present organization and facilities much more could be done without breaking up existing institutions, without disturbing organizations that have reached their present degree of efficiency because founded on the necessities of the Government, and because year by year they have been strengthened and improved by intelligent administration and Congressional action.

A few words now regarding the organization and scope of the Marine-Hospital Service.

MEDICAL CORPS.

The medical corps of the Marine-Hospital Service, as will be seen by the small blue book before you, consists of a supervising surgeon general, 16 surgeons, 26 passed assistant surgeons, 19 assistant surgeons, and 93 acting assistant surgeons, making a total of 154. The regular corps, that is to say, all of the above excepting the acting assistant surgeons, are appointed by the President after thorough physical and professional examination. The acting assistant surgeons are appointed by the Secretary of the Treasury, on recommendation of the Supervising Surgeon-General, who satisfies himself as to the professional qualifications of the officer. The employment of acting assistant surgeons

in times of emergency for temporary service, and the discontinuance of their services when the emergency is over, furnishes an excellent method of increasing or contracting the medical corps as occasion requires.

The acting assistant surgeons are men who have been long in the service and are trained in Government routine. When newly appointed in emergency they are usually assigned to a marine hospital under the observation of the commanding officer and one of the older assistants, detailed to meet the emergency.

I have heard that intimations have been made concerning the youth and inexperience of the members of the regular corps, the absurdity of which is shown by a table which I have caused to be prepared giving the age and date of graduation of every officer of the service. From this table it will be seen that the average age of the 16 surgeons is 50 years, the average age of the 26 passed assistant surgeons is 35 years, and of the 19 assistant surgeons, 29 years.

The medical colleges represented are as follows:

Medical College of Maine.
 Western Reserve Medical College.
 Jefferson Medical College, Philadelphia.
 Pennsylvania Medical College.
 Chicago Medical College.
 Rush Medical College.
 University of Georgetown, D. C.
 University of Michigan.
 Columbia College, Washington, D. C.
 Bellevue Hospital Medical College, New York.
 National Medical College, Washington, D. C.
 University of Pennsylvania.
 University of Maryland.
 College of Physicians and Surgeons, New York.
 College of Physicians and Surgeons, Baltimore.
 College of Physicians and Surgeons, Boston.
 Dartmouth Medical College, New Hampshire.
 McGill College, Montreal, Canada.
 Harvard Medical School, Boston.
 Howard University, Washington, D. C.
 Medical College, South Carolina.
 Virginia Medical College.
 University of Virginia.
 Miami Medical School, Cincinnati.
 Long Island Medical College, New York.
 St. Louis Medical College.

It will thus be seen that the members of this corps are fairly representative of the medical profession of the country. Many of them, in spite of the fact that they are subject to change of station every four years or oftener, have held and are now holding professorships in the medical colleges of the cities in which they are stationed.

Concerning the new admissions to the corps, the law requires that they shall be appointed to the grade of assistant surgeon only, and provision is made for subsequent promotion. The examination is held once or twice a year as occasion requires, and the applicant must pass a very severe test, making an average of 80 per cent on all branches. The successful candidates are relatively few. For example, this month, out of 29 who appeared for examination, only 4 made the required grade. These new appointees represent the very best men among the newer graduates of the colleges; but very rarely do they come direct from the medical college, most of them having had hospital or private practice before seeking admission to the corps. Out of the total 61 medical officers, 53 had hospital practice before entering the service, 7 were engaged in private practice, and only 2 had neither private practice nor hospital service.

There are 19 hospitals owned and operated by the service, and 95 additional relief stations, where at contract hospitals seamen are admitted and treated by acting assistant surgeons.

DISTRIBUTION AND QUALIFICATIONS OF THE CORPS.

The officers of the Medical Corps, just mentioned, are stationed in every important port on the coast, lakes and rivers, and being trained in the execution of Government business, become valuable agents for the immediate execution of any sanitary measures which may be imposed upon them by telegraph or otherwise from the Bureau. It is always possible for the Marine-Hospital Service, in any part of the country, on the shortest notice, to have qualified agents at a place of danger. There is scarcely an officer of the regular corps who has not had actual quarantine experience, and the corps numbers among its members men whose names have become national by reason of their effective service in various epidemics. The corps embraces a number of skilled bacteriologists, also men who have had large practical experience in the treatment of yellow fever and other contagious diseases, men thoroughly acquainted with all the military duties connected with sanitary cordons, detention camps, and with the methods of train and vessel inspections, scientific disinfection, etc. The effectiveness of this corps is the result of special care exercised to secure within it men who, by natural inclination and special education, are fitted for sanitary work, and is also the result of long and active experience.

The Marine-Hospital Service dates as far back as 1798. It was reorganized and put upon its present basis in 1871. Though established for the purpose of caring for sick and disabled seamen of the merchant marine of the United States, there have been from time to time other responsibilities imposed upon it, growing out of the necessities of other branches of the Government with which it is intimately and necessarily associated. For example, the Revenue-Marine Service, a branch of the Treasury Department, relies upon the Marine-Hospital Service for the physical examination of its officers and men and their professional treatment when sick or disabled. The Life-Saving Service relies upon the Marine-Hospital Service for the physical examination of the keepers and surfmen. Hundreds of rejections of physically unsound men seeking to become surfmen have been made by the officers of the Marine-Hospital Service. The Steamboat-Inspection Service, a most important branch of the Treasury, relies upon the medical officers of the Marine-Hospital Service for a determination as to the ability of the pilots to distinguish signal lights, and large numbers of applicants for pilots' license are annually rejected by the officers of this service on account of color blindness. The Immigration Bureau relies by law upon the Marine-Hospital Service for the medical inspection of immigrants.

Naturally, too, by reason of the intimate association of the Marine-Hospital Service, through its sailors, with shipping and commerce, the National Government has imposed upon this Service the execution of the national quarantine laws, to which reference has already been made. I will only add here that so far as national quarantine is concerned, the Service, by tradition and constant activity, save for a period of four years, is the natural executor of the same. National quarantine received its first executive impulse through the first surgeon-general of the Marine-Hospital Service, Dr. John M. Woodworth, in 1878. Both prior and subsequent to this last date the Bureau has controlled, wholly or in part, epidemics of yellow fever and of small-

pox; notably yellow fever in 1873, 1876, 1877, 1878, 1882, 1887, 1888, and in 1893, the Brunswick epidemic, when it was confined within the cordon on lines established by the Service.

It also took charge of railroad quarantine against smallpox in Canada, in 1885, and at Harris Neck, Ga., in 1891, it stamped out the disease.

It had complete control of the quarantine measures against yellow fever in Texas in 1882, and in Florida in 1888.

THE NATIONAL QUARANTINE STATIONS.

The Marine-Hospital Service has under its immediate control ten national quarantine stations, equipped with modern appliances for disinfection of vessels, hospitals for the care of the sick, and barracks, where required, for the detention of suspected immigrants.* These stations are so far remote from populous centers as to be seldom visited, but their completeness and the scientific care exercised in isolation of the sick, the surveillance of those suspected and held under observation, the cleansing and disinfection of vessels, has excited the surprise and commendation of the few members of Congress who have visited one or more of said stations. There is a fleet of thirteen vessels connected with these stations, three of them being old vessels turned over from the Navy for the purpose of receiving and housing people in quarantine.

COOPERATIVE ASSOCIATIONS.

Now, referring to the work done by the Marine-Hospital Service for other branches of the Government—namely, the Revenue Marine, the Life-Saving Service, Steamboat-Inspection Service, and Immigration Service—a return service on the part of these branches of the Government adds to the strength and ability of the Marine-Hospital Service for quarantine work. For example, the Revenue-Cutter Service, under the same Secretary as is the Marine Hospital-Service, may be called upon at any time, and frequently is, to assist in quarantine measures through the medium of their fleet of vessels. During the past summer revenue cutters have patrolled the Southern coast in aid of the quarantine cordon around Brunswick. They have carried medical officers and supplies to the Sea Islands, off the coast of South Carolina, in the sanitary work demanded of the Marine-Hospital Service by reason of the great storm. They have furnished vessels for the Marine-Hospital Service repeatedly in New York Harbor, and in fact practically form a fleet subject to demand for service at any time in the aid of quarantine. During the past summer, when it was feared that the immigrant detention camps at Camp Low and at Delaware Breakwater, both under the control of the Marine-Hospital Service, might of necessity be occupied by immigrants held under observation, an arrangement was made with the Revenue-Marine Service for the immediate detail of their enlisted and armed men from the several cutters, to form the necessary guards around these camps, the places of the enlisted men to be supplied by new enlistments on the vessels.

The Steamboat-Inspection Service, in return for the examination of

* These stations are located at: Delaware Breakwater; Reedy Island, Delaware River; Cape Charles, Virginia; Blackbeard Island, Sapelo Sound, Georgia; Brunswick, Ga.; Dry Tortugas, Fla.; Ship Island, Gulf of Mexico, off the coast of Mississippi; San Diego, Cal.; Angel Island, San Francisco Bay, California; Port Townsend, Wash.

pilots, furnishes experts to examine the hulls, boilers, and machinery of the vessels which belong to the Marine-Hospital Service.

The Life-Saving Service, on request of the Supervising Surgeon-General of the Marine-Hospital Service, is required by its superintendent to watch carefully for all dunnage and other stuff that might float ashore from infected vessels, thrown overboard before said vessels reach port; to gather up with rakes such material and burn it.

The presence of medical officers at the immigrant reception stations at the several ports enables the Bureau to keep fully informed with regard to immigrants and their baggage, which constitute so large a proportion of the danger in the matter of epidemic importation.

OPERATIONS OF MARINE-HOSPITAL SERVICE.

The operations of the Marine-Hospital Service, independent of quarantine, during the fiscal year ended June 30, 1893, may be summarized as follows: Total number of sailors treated in the hospitals and dispensaries, 53,317; of which number 14,857 were treated in hospital, the remainder being office or dispensary patients. There were 1,353 pilots examined for color blindness, of which 48 were rejected. One thousand and ninety-five surfmen and keepers of the Life-Saving Service were examined, of which number 41 were rejected for physical causes. Two hundred and seventy-nine seamen of the Revenue Marine were examined before shipment as to their physical fitness, and 22 were rejected.

With regard to funds, the quarantine service is maintained by a yearly appropriation for the ordinary maintenance of the ten national quarantine stations. In addition to this there is what is known as the "Epidemic Fund," which is placed at the disposal of the President, to be used under his direction in any manner he sees fit, to prevent the introduction and spread of epidemic diseases. It is from this fund that the expenses of the foreign quarantine and extraordinary precautionary measures in this country have been paid.

The Marine-Hospital establishment, independent of quarantine, is maintained by a continuing fund derived from the tax on foreign tonnage.

In conclusion, referring again to the proposed bill to establish a bureau of public health in the Interior Department, etc., which bill, I learn, was on the 16th instant introduced in the House, and is now House Bill 7106, I beg leave to invite your attention to the letter of the Acting Secretary of the Treasury, dated May 17, stating the objections thereto on the part of the Treasury Department. The bill seems to ignore existing statutes, and effects but little change other than the establishment of a new bureau. Quoting from the Secretary's letter:

The bill in question is largely a reenactment of the act of February 15, 1893, as will be seen by a comparison of their respective provisions.